

(FILE 'HOME' ENTERED AT 14:50:18 ON 13 JAN 2005)

FILE 'STNGUIDE' ENTERED AT 14:50:33 ON 13 JAN 2005

L1 0 S EFFERVESCE? OR ?CARBONATE

FILE 'CAPLUS, USPATFULL' ENTERED AT 14:51:30 ON 13 JAN 2005

L2 735095 S EFFERVESCE? OR ?CARBONATE

L3 70577 S PROGESTERON?

L4 46731 S VAGIN?

L5 24 S L2 (P) L3 (P) L4

L6 4122 S (ADMINISTER? OR CONTACT? OR TREAT?) (3A) L4

L7 4 S L5 AND L6

L8 9367 S EFFERVESCE?

L9 4 S L5 AND L8

L10 3 S L9 NOT L7

L8 ANSWER 7 OF 14 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 1987:561499 CAPLUS

DOCUMENT NUMBER: 107:161499

TITLE: Bioavailability of **progesterone** with
different modes of administration

AUTHOR(S): Chakmakjian, Zaven H.; Zachariah, Nannepaga Y.

CORPORATE SOURCE: Med. Cent., Baylor Univ., Dallas, TX, USA

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AB The bioavailability of micronized **progesterone** (I) was studied by measuring sequential serum I concns. after a single bolus of 50-200 mg I given sublingually, orally (capsule and **tablet**), **vaginally** and rectally (suppositories) during the follicular phase in a group of normally menstruating **women**. When compared to other modes of I administration, the area under the curve during the first 8 h was twice as high with the rectal route. With 50 and 100 mg I given sublingually and 100 and 200 mg ingested as **tablets**, peak levels and area under the curve were twice as high with the higher dosage. The response was more sustained with the higher dosage. All subjects exhibited a significant increase in serum I levels over baseline that persisted for at least 8 h. The I levels were still increased over baseline at 24 h in all subjects after the administration of 100-mg **vaginal** and rectal suppositories and 200-mg **tablets**. These findings are in general agreement with previous reports showing that luteal phase serum I concns. can be reached easily with nonparenteral modes of administering micronized I and that oral I administration could become an attractive alternative to the currently used oral mode of administering synthetic progestins.